

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040408

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 504

FILED OCT 22 1963

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin | | c. CITY OR TOWN Joplin | |
| Length of stay in 1b 40 yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1603 West 1st St., | | d. STREET ADDRESS (If outside, give location) 923 West 5th Street | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|--|---------------------------|---|-------------------------------|--|---|
| 3. NAME OF DECEASED (Type or print) | | First Middle Last | | 4. DATE OF DEATH Month Day Year | |
| WILLIAM H. WILCOXSON | | | | October 14, 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-15-1877 | 9. AGE (last birthday) 86 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian | | 10b. KIND OF BUSINESS OR INDUSTRY Scottish Rite Temple | | 11. BIRTHPLACE (City and state or country) Hutchinson, Kans | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Etta Wilcoxson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT Mrs. Angelina Piper, 1603 West 1st St. | | Address Joplin, Mo. | | | |

| | | | |
|---|--|---|--|
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) Uremia | | 3 days | |
| DUE TO (b) Chronic Glomerulo-nephritis | | 5 years | |
| DUE TO (c) Generalized Arterio-sclerosis | | unkn | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |

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|--|---|---|---|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Joplin, Mo | | |
| 21. I attended the deceased from March, 1957, to Oct 13, 1963 and last saw him alive on Oct 13, 1963 | | Death occurred at 7:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) J. E. Kilbane M.D. | 22b. ADDRESS 408 W 4th St. Joplin, Mo | 22c. DATE SIGNED 10/14/63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10-17-1963 | 23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial | 23d. LOCATION (City, town, or county) (State) Joplin, Mo |
| 24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo. | 25. DATE RECD. BY LOCAL REG. 10-21-1963 | 26. REGISTRAR'S SIGNATURE Dove Merriam | |

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by David Dillen Jr., Student Embalmer No. 679

working under my personal supervision.

Student David Hillon Jr.
Signature of Student Embalmer

Signed David Hillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.